

HEALTH INSURANCE COVERAGE IN 2004

Knowing the numbers and characteristics of the uninsured is important for decision makers who hope to address this issue. These estimates on health insurance coverage come from the Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS).

Within the civilian noninstitutionalized population, both the number of people with health insurance and the number without it grew between 2003 and 2004. The number of people with health insurance grew by 2 million, to 245.3 million.¹ The number without health insurance increased from 45.0 million to 45.8 million.

¹ The estimates in this report (which may be shown in text and figures) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are significant at the 90-percent confidence level unless otherwise noted. For further information about the sources and accuracy of the estimates, go to <www.census.gov/hhes/www/p60_229sa.pdf>.

Words That Count

Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company.

Employment-based health insurance is coverage offered through one's own employment or that of a relative. It may be offered by an employer or a union.

Direct-purchase health insurance is coverage through a plan purchased by an individual from a private health insurance company.

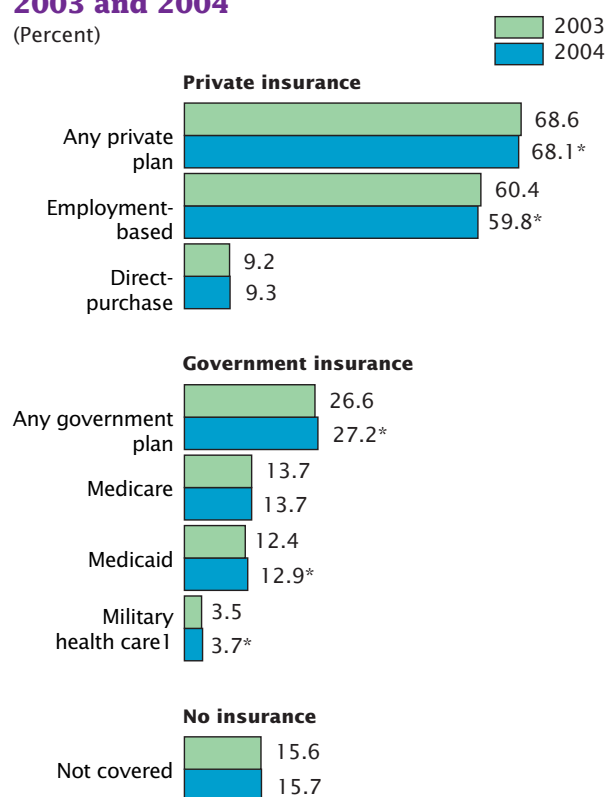
Government health insurance includes Medicare, Medicaid, and military insurance, such as CHAMPUS or TRICARE.

The uninsured rate is based on people who lacked health insurance for all of 2004.

There was no change in the percentage of people without health insurance (15.7 percent).²

² For this report, the uninsured rate is the percentage of people lacking health insurance for the entire year. Statistics are also provided for people who have coverage for at least part of the year.

Figure 1.
**Coverage by Type of Health Insurance:
2003 and 2004**
(Percent)



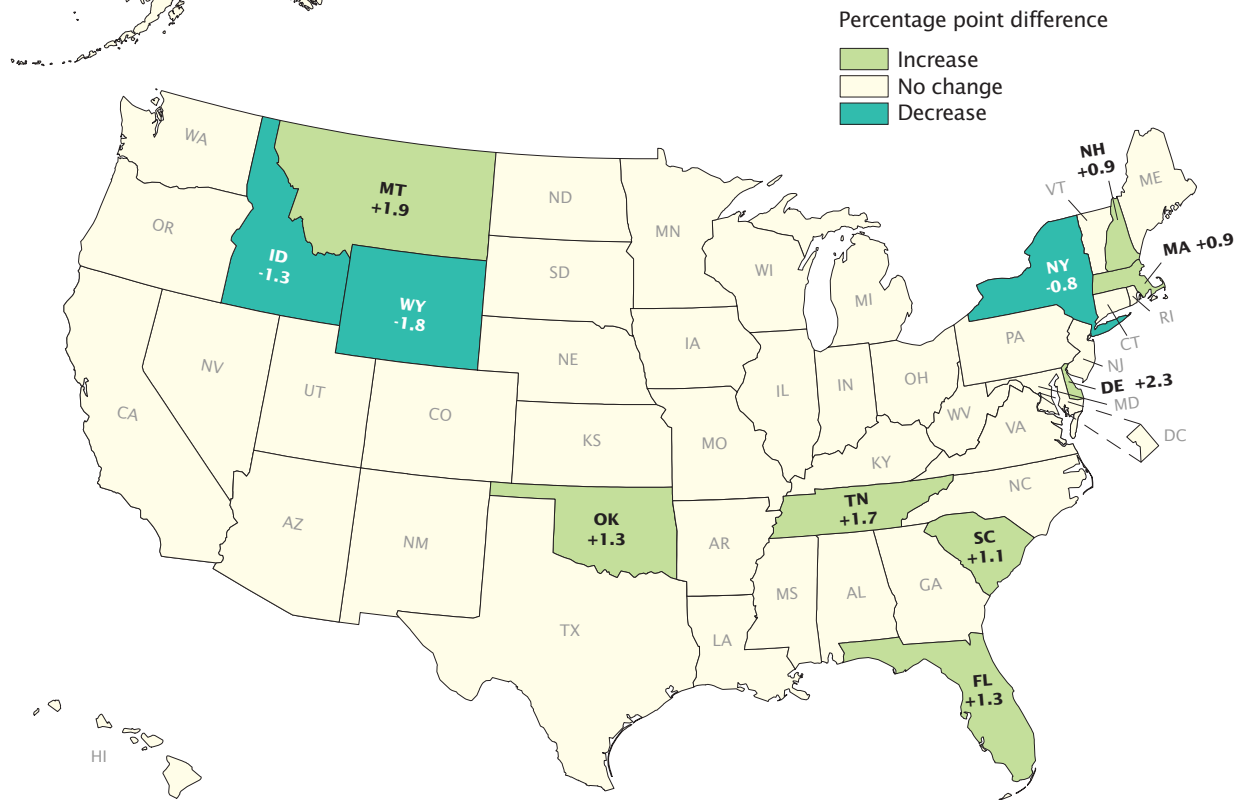
* Statistically different at the 90-percent confidence level.

¹ Military health care includes: CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2004 and 2005 Annual Social and Economic Supplements.

Figure 2.
**Differences in 2-Year-Average Uninsured Rates
by State: 2003–2004 Less 2002–2003**



Source: U.S. Census Bureau, Current Population Survey, 2003 to 2005 Annual Social and Economic Supplements.

Health insurance related to employment covered 60.4 percent of people for some or all of 2003, compared with 59.8 percent of people for some or all of 2004, as shown in Figure 1. This decline reflects the decrease in total private health insurance coverage, from 68.6 percent in 2003 to 68.1 percent in 2004.

The percentage of the total population covered by government health insurance for at least part of the year rose from 26.6 percent to 27.2 percent. Medicaid coverage rose by 0.5 percentage points to 12.9 percent in 2004, while the percentage covered by Medicare remained unchanged at 13.7 percent.

Coverage by Race, Hispanic Origin, and Nativity

In 2004, the Hispanic population had the highest uninsured rate (32.7 percent), unchanged from the previous year. The rates for Blacks (19.7 percent) and non-Hispanic Whites (11.3 percent) were also unchanged

from 2003.³ At the same time, the uninsured rate for Asians decreased to 16.8 percent from 18.8 percent.

Because of the small sample size of both the American Indian and Alaska Native population and the Pacific Islander population in the 2005 CPS ASEC, the Census

³ Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). The text and figures in this report show data using the first approach (race alone). Use of the single-race population in this report does not imply that this is the preferred method of presenting data. The Census Bureau uses a variety of approaches.

Non-Hispanic White refers to people who reported White and no other race and who are not Hispanic. The term Black is used for people who reported Black or African American, and the term Pacific Islander is used for people who reported Native Hawaiian and Other Pacific Islander.

Because Hispanics may be any race, data in this chapter for Hispanics overlap slightly with data for the racial populations. Based on the 2005 CPS ASEC, 2.9 percent of Black householders, 27.7 percent of American Indian and Alaska Native householders, and 9.5 percent of Native Hawaiian and Other Pacific Islander householders were Hispanic.

Bureau uses 3-year-average uninsured rates to improve accuracy. Using the 3-year-average uninsured rate (2002–2004), the rate for Hispanics remained the highest. The rate for people who reported American Indian and Alaska Native (29 percent) was higher than the rate for any other group, except Hispanics, while the rate for Pacific Islanders (21.8 percent) was not statistically different from the rates for Blacks or Asians. Comparisons of 2-year moving averages (2002–2003 and 2003–2004) indicate that the uninsured rate for the American Indian and Alaska Native population and the uninsured rate for the Pacific Islander population did not change over the previous year.

Between 2003 and 2004, the uninsured rate increased from 13.0 percent to 13.3 percent for the native population (people born in the United States, Puerto Rico, or any of the U.S. island areas or who had at least one citizen parent).⁴ Among the foreign born (people who were not U.S. citizens at birth), this rate remained unchanged, at 33.7 percent. While the rate for naturalized citizens was unchanged at 17.2 percent, the rate for noncitizens decreased from 45.3 percent to 44.1 percent.

Coverage by Economic Status

The likelihood of being covered by health insurance rises with income. Among people in households with an annual income of less than \$25,000, 75.7 percent had health insurance coverage in 2004, compared with 91.6 percent of those in households with an income of \$75,000 or more.

⁴ The island areas include the U.S. Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.

Full-time workers (82.2 percent) were more likely to have health insurance coverage than part-time workers (75.0 percent) or nonworkers (74.2 percent).⁵

Children Without Health Insurance Coverage

In 2004, 11.2 percent of all children (8.3 million children) were without health insurance coverage, unchanged from the previous year.⁶ Children 12 to 17 were more likely to be uninsured than those under 12—12.5 percent, compared with 10.5 percent.

Coverage in the Regions and States

The Midwest had the lowest uninsured rate in 2004, 11.9 percent. The Northeast had the next-highest rate (13.2 percent), followed by the West (17.4 percent) and the South (18.3 percent).

Based on a 3-year average (2002–2004), the proportion of people without health insurance was highest in Texas (25.1 percent) and the lowest in Minnesota (8.5 percent). Comparisons of 2-year moving averages (2002–2003 and 2003–2004) indicate that the proportion without coverage fell in three states and rose in eight, as shown in Figure 2. The uninsured rate decreased in Idaho, New York, and Wyoming. The rate increased in Delaware, Florida, Massachusetts, Montana, New Hampshire, Oklahoma, South Carolina, and Tennessee.

⁵ Workers are classified as part-time if they worked fewer than 35 hours per week in the majority of weeks in 2004. The coverage rate for part-time workers was not statistically different from that of nonworkers.

⁶ Children are people under age 18.

Health Insurance Coverage (1996–1999)

The 1996 panel of the Survey of Income and Program Participation (SIPP) allows researchers to track health insurance patterns between 1996 and 1999. The percentage of people covered throughout the entire year was 78 percent in 1996 and 80 percent in 1999. During this 48-month reference period, 97 percent of people in the United States were covered for at least 1 month and 32 percent lacked health insurance coverage for at least 1 month.

Female health insurance coverage rates were higher than male coverage rates during the 48-month period, as shown in Figure 3. From 1996 to 1999, 69 percent of women and girls and 67 percent of men and boys were always covered. The proportions lacking health insurance for the entire reference period were 2.7 percent and 4.0 percent, respectively.

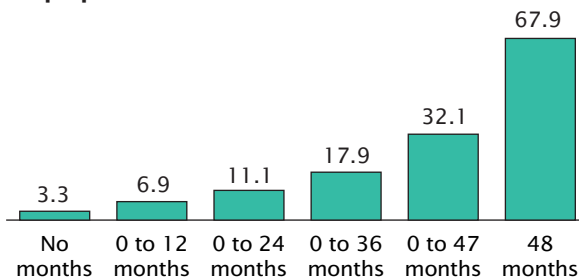
Higher female coverage rates were due to government health insurance programs, which covered 12 percent of men and boys and 15 percent of women and girls during the entire reference period. Throughout this time, male and female private health insurance rates were about the same, 57.9 percent and 57.7 percent, respectively.

The gender gap in health insurance coverage did not change from 1996 to 1999. In 1996, the percentage of women and girls covered for the entire year was 3 percentage points higher than the rate for men and boys (80 percent and 77 percent, respectively), and this gap was not different in any of the 3 subsequent years.

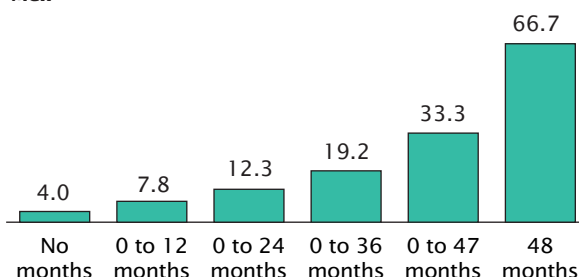
Figure 3.
Number of Months of Health Insurance Coverage by Sex: 1996–1999

(In percent)

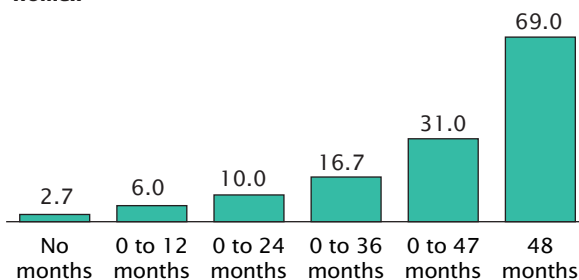
All people



Men



Women



Source: U.S. Census Bureau, Survey of Income and Program Participation, 1996 Panel.

The Census Bureau Can Tell You More

For more detailed information, consult the following U.S. Census Bureau Current Population Reports: *Income, Poverty, and Health Insurance Coverage in the United States: 2004* (P60-229) by Carmen DeNavas-Walt, Bernadette D. Proctor, and Cheryl Hill Lee; and *Dynamics of Economic Well-Being: Health Insurance 1996-1999* (P70-92) by Shailesh Bhandari and Robert Mills.

Look for complete reports and detailed tables on the Census Bureau's Web site <www.census.gov>. Click "Subjects A to Z." Click on "H" and select "Health Insurance Data."

Contact the Census Bureau's Customer Services Center at 301-763-INFO (4636) or e-mail <hhes-info@census.gov>.